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AFRICA CHILD SURVIVAL INITIATIVE

COMBATTING CHILDHOOD COMMUNICABLE DISEASES

(ASCI-CCCD)

SUSTAINABILITY STRATEGY

August 1988

During the period of July and August 1988, Wayne Stinson and Thomas Bossert worked with the Africa Bureau and the CDC staff to draft a sustainability strategy for the CCCD project.

The text that follows is preliminary and may be modified by the CCCD project staff.

DRAFT

ACSI - CCCD

SUSTAINABILITY STRATEGY

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ACSI-CCCD SUSTAINABILITY STRATEGY

I. THE GOAL AND OBJECTIVES OF ACSI-CCCD ASSISTANCE

The goal of the ACSI-CCCD project is to build and strengthen effective and sustainable Child Survival programs in Africa. A sustained program is one in which:

- health behavior and status improvements, as well as essential project activities, continue after the end of major AID assistance, and
- most local currency and some foreign exchange costs are assumed by governmental and/or private/personal sources (rather than by other donors) as AID funding diminishes and ceases.

Sustained programs need not include all of the individual activities originally funded by CCCD, and activities that do continue may evolve into new forms after CCCD assistance ends.

To increase the likelihood that effective Child Survival programs will continue, ACSI-CCCD (hereafter referred to as CCCD) projects will work to achieve the following conditions well before the termination of funding:

- technical effectiveness: demonstrable reductions in childhood morbidity and mortality due to diarrhea, malaria and immunizable conditions
- national leadership and commitment: expressed through policy statements and local assumption of costs and management responsibility
- strong management: effective and integrated systems for supervision, financial management, and health and management information
- diversified and dependable financial resources: based on government, private and community sources and adequate to cover local currency recurrent costs, and
- institutionalized behavioral change: effective demand for Child Survival interventions, and the capacity to maintain and reinforce healthy family practices.

CCCD's objective is to ensure that these conditions exist at the time of project termination. Achievement of these conditions will in turn increase the likelihood that effective Child Survival programs will continue for as long as the national need continues.

Through this strategy statement, CDC/Atlanta, AID, and participating ministries of health express their joint commitment to continue past efforts and further promote sustainability by:

- increasing awareness and understanding of sustainability issues among project and host-country staff
- incorporating sustainability requirements and targets into project designs and individual and project workplans
- planning and implementing activities in ways that enhance sustainability
- collaborating with other AID projects and international donors to broaden technical resources and coordinate policies
- reporting on and evaluating progress toward sustainability, and
- modifying implementation plans when sustainability targets are not being achieved.

In addition, CCCD will work with governments and other AID and international donor projects to reduce prevailing economic, infrastructure, and political constraints to Child Survival activities and will design any new country projects and extensions in full cognizance of constraints outside its control.

Detailed steps for implementing CCCD's sustainability strategy will be determined at the country project level. Responsibility for implementing both the strategy and workplans rests with participating ministries of health, supported by USAID missions, CCCD field officers, CDC/Atlanta, and AID/Washington.

II. INCREASE AWARENESS AND RESPONSIBILITY FOR SUSTAINABILITY

A major objective of this strategy statement is to increase awareness of sustainability factors amongst project staff and their U.S. and host country colleagues.

To achieve this, CDC/Atlanta, AID/Washington, and host country USAIDs will ensure that new and existing field personnel are fully briefed on sustainability factors and

provided access to requisite resources and skills to strengthen sustainabilty. This will require the organization of national sustainability seminars, modification of staffing patterns, and enhancement of direct and contracted technical assistance.

Sustainability concerns will be featured in CCCD plans, evaluations and reports. The efforts of CCCD technical officers and other key staff to promote sustainability will be assessed during performance reviews.

III. DEVISE NATIONAL STRATEGIES AND WORKPLANS

Each participating country and government will develop its own strategy and annual workplans for achieving the required end of project conditions identified in Section I. Country strategies will review and assess critical macro-economic, policy, and infrastructural assumptions affecting sustainability as well as the role of other AID projects and international donors in policy coordination and implementation. Detailed workplans will identify actions required to achieve sustainability objectives, individuals and agencies responsible for these actions, and indicators by which achievement will be measured. Regional project targets for sustainability (summarized in Appendix 1) will be modified as appropriate and incorporated into national plans.

In designing and implementing activity plans, CCCD will reduce dependency on any single financial source or management structure by:

- building local capacity in all aspects of program implementation
- gradually transfering financial and managerial responsibility to national authorities
- decentralizing training and management functions
- encouraging appropriate private sector initiatives
- piloting alternative financing schemes, and, where possible
- broadening governmental financial sources.

To promote sustainability, design teams for new and extended projects will:

- consider sustainability as well as equity and other factors in selecting new project countries

- secure governmental support/commitment from the start by planning activities collaboratively
- consider potential private sector roles in service delivery and supply systems
- require identification and placement of key project officials as well as early policy statements on EPI, CDD, and malaria (if not already established)
- integrate EPI, CDD, malaria, and support activities into the established governmental authority structure from central to local levels, and
- emphasize simple, low cost, interventions, with appropriate technology and maximum feasible use of existing resources and processes.

Project designs will explicitly identify means for achieving the end of project conditions identified in Section I. To increase the likelihood of sustainability, plans should ideally be made for ten years of CCCD assistance.

IV. IMPLEMENT SUSTAINABLE PROJECTS

Project implementation will be guided by generally accepted primary health care principles and will be coordinated to the maximum feasible extent with existing WHO, government and donor policies and procedures. Activities will be implemented in ways that enhance sustainability as well as effectiveness. Specific attention will be given to:

- sustaining technical effectiveness
- creating and sustaining national leadership and commitment
- enhancing and sustaining management capacity
- promoting financial sustainability, and
- institutionalizing behavioral change and demand.

In some cases, minor technical compromises may be required so as to reduce costs or demands on scarce personnel, and to increase consistency with existing systems and policies. Shortcuts, salary supplements, and other deviations from standard practice will be discouraged if not sustainable.

A. Sustain technical effectiveness: The effectiveness of CCCD technical interventions in reducing childhood morbidity and mortality is both a prerequisite for and an essential outcome of this sustainability strategy. Effectiveness results from appropriate selection and implementation of disease reduction strategies, from rapid identification and

creative solution of problems, and from development and retention of skilled professional and non-professional personpower. It also requires ongoing access to international expertise and professional bodies. Early demonstration of technical effectiveness is essential to convince both implementers and users that activities are worth sustaining. Support strategies for health and management information, supervision, training, and operational research play critical roles in sustaining technical effectiveness.

CCCD will promote sustainable technical effectiveness by:

- emphasizing proven Child Survival technologies in project design
- encouraging direct professional contacts with the World Health Organization and other technical groups
- developing health and management information systems and operational research capacity
- supporting training institutions at central and regional levels, and
- providing limited technical support, if needed, to reinforce effectiveness after major funding ends.

Emphasis will be on retention and continued professional growth of key personnel, including retraining. National training coordinators will be appointed and manuals and other technical materials provided.

B. Create and sustain national leadership and commitment: National leadership and commitment is essential to ensure that CCCD activities are continued with energy and creativity as direct assistance diminishes. This commitment is best expressed through:

- appointment of technically competent and responsible program coordinators
- official policies supporting Child Survival goals and activities
- necessary legal and regulatory changes
- adequate staff and vehicle allocations
- active encouragement for health education, management information systems, operational research, and other key Child Survival support strategies
- replication of project interventions in non-project areas, and
- gradual assumption of recurrent costs by government and private sources.

Experience suggests that governments are more likely to commit themselves to activities that are fully integrated into existing programs and structures and not seen as a separate donor project. Activities developed through mutual agreement and joint planning by CDC, AID and governmental personnel may be better sustained than those that are perceived to be imposed. The demonstrable effectiveness of Child Survival interventions, as discussed above, may be critical in generating political and financial support. Professional consensus enhances commitment and is promoted by WHO policy statements, donor policy coordination, and consistent technical direction.

To promote leadership and commitment, AID/CCCD/MOH staff will develop and adopt national policies for each technical intervention and appoint program coordinators. Local organizations will be assisted to take over planning and implementation functions as rapidly as they are able to handle them. Local technical personnel will be used whenever appropriate, even in some cases where they may be formally less qualified than external sources. Where possible, national program coordinators will manage internal evaluation tasks.

C. Enhance and sustain management capacity: Weak management capacity, rather than lack of funds, may be the most critical barrier to the sustainability of immunization programs and certain other Child Survival interventions. Inadequate personnel incentives and motivation gravely affect current performance and future sustainability. Even when leadership commitment is strong, programs are unlikely to survive without effective and efficient systems for health and management information, planning, budgeting, accounting, supervision, and personnel.

Organizations in which both authority and resources are decentralized to field levels respond more readily to changing local circumstances. Private sector organizations may also be more responsive to changing field conditions and user preferences than are public ones. Locally directed and managed operational research contributes significantly to management capacity and responsiveness to change.

CCCD/USAID/MOH officials will develop competent, flexible and self-renewing management structures and processes by:

- preparing annual and multiyear implementation plans for major technical interventions and support strategies
- training appropriate national and regional personnel in supervision, financing, health

education, logistics, planning and other support functions
- implementing management information systems
- building institutional capacity for problem identification and solution
- decentralizing decision-making authority and capacity
- encouraging other efforts to strengthen planning capacity, personnel systems, and other critical management activities.

CCCD staff will promote sustainability of information systems by:

- integrating forms and reporting procedures into established systems
- ensuring prompt data submission, analysis, and feedback
- using data for decisions and encouraging colleagues to do so as well
- periodically reviewing and revising data collection requirements, and
- providing appropriate equipment, training and technical support.

National program coordinators will implement operational research in ways that build local capacity and commitment by:

- creating research review committees to encourage participation of managers and policymakers in topic selection
- linking topics and time frames to specific forthcoming decisions
- minimizing new data collection
- conducting research on sustainability issues, especially cost control, financing, and management
- simplifying analysis plans and explaining them to decisionmakers
- transferring requisite skills to local researchers and institutions and using their study resources wherever possible, and
- actively disseminating results.

To promote decentralization, USAID/CCCD/MOH staff will:

- develop training capacity at sub-national levels
- support preparation of regional workplans
- provide technical assistance and resources to regional offices

- ensure rapid feedback of health and performance data, and
- encourage local retention of locally-generated revenue.

D. Promote financial sustainability: Financial sustainability (defined here to exclude further donor funding of local currency costs) depends on the affordability of CCCD project costs, the efficiency of general and financial management, and the willingness and ability of governments, users, and other groups to assume responsibility. CCCD, though only one part of a complex health care financing picture, will design and implement financially sustainable projects while, nevertheless, promoting equitable access to Child Survival interventions.

Much concern exists regarding both equity of access and financial sustainability and especially the continued need for foreign exchange for vaccines, vehicles, ORS, and antimalarial medication. Increases have occurred in government and user cost sharing, but additional foreign assistance may be needed as better but more expensive vaccines are developed and as chloroquine is replaced by more costly therapies for malaria. Internal subsidies - generated from government revenue or from charges for curative care - will continue to be needed for the indigent and for certain preventive care activities. Programs may have little choice but to rely on donors for further vaccine supplies and immunization equipment. In carefully selected instances, local production or packaging of ORS and chloroquine may reduce other foreign exchange costs.

To promote financial sustainability, every new and continuing project will have a financing plan, which will be reviewed and updated annually. This plan will:

- analyze direct project-related costs
- distinguish recurrent (including capital replacement) from development costs
- distinguish local currency from foreign exchange costs
- identify current and future sources of finance for each cost
- provide for specific actions to achieve funding targets
- specify assumptions about macro health sector financing and analyze their appropriateness, and
- specify steps to be taken to ensure adequate supportive funding by other donors.

Designs will identify all resources needed to sustain project benefits during the project lifetime and for an initial period of three years after termination. Resources to be provided by the government, by other donors, or through community contributions will be included. Specific financing sources, both current and future, will be identified, amounts to be provided quantified, and the degree of certainty of funding indicated.

The appropriateness of any existing or suggested user charges will be assessed periodically by analyzing their effects on utilization and equity.

Systems will be established for planning and monitoring project-related expenditures by both the government and private sources. Standard costing guidelines for CCCD-supported activities will be adapted from those developed by the Resources for Child Health (REACH) project and will be applied to new and current projects. Relevant data will be included in routine management information systems. Appropriate national and regional staff will be taught to effectively manage financial resources.

Project agreements will require gradually increasing governmental and/or private assumption of local currency recurrent costs. AID/CCCD/MOH staff will meet this requirement by:

- increasing and/or reallocating government expenditures for Child Survival activities
- encouraging existing insurance schemes to cover preventive Child Survival interventions as well as the creation of new insurance schemes
- examining the equity implications and cost recovery potential of possible user charges
- where appropriate, promoting policy changes to permit or require user payments
- conducting studies to set commodity prices and/or user fees and to develop policies for the indigent
- experimenting with specific fee-for-service or community financing schemes
- encouraging local retention of clinic fees and use of them for health services, and
- collaborating with other projects and donors to reduce broader health sector financing constraints.

E. <u>Institutionalize behavioral change and demand</u>: The effectiveness of immunization, diarrheal control, and malaria activities depends on caretakers' willingness and

ability to take appropriate action in the home and to bring children to services when they are required. Public support for immunizations has sustained accelerated efforts through civil wars and economic collapse. Strong user demand for ORS and chloroquine sustains private sector supply systems and in some cases generates additional income for health workers. Research suggests that behavioral change is more likely to be sustained once 35% of the population adopts new practices.

AID/CCCD/MOH staff will enhance the sustainability of behavioral change and household demand by:

- ensuring that senior staff understand the importance of health education and demand creation
- developing health education units with adequate funding within the Ministry of Health
- encouraging program staff to contract with qualified private sector media design and production groups
- developing capacity at both the central and regional levels for (1) formative research, (2) use of mass media, (3) training of health workers in health education techniques, (4) community organization and development, and (5) material development
- providing technical and, if necessary, financial support, to ensure that key messages are maintained after project termination, and
- integrating health education into each technical intervention.

Demand will be further augmented by better adapting clinic schedules and operations to women's daily and seasonal activity patterns and responsibilities. New knowledge and practices will be sustained through the repetition of messages and the availability of recommended services.

V. COLLABORATE WITH OTHER AID PROJECTS AND DONOR ACTIVITIES

In implementing this strategy, AID/Washington and CDC/Atlanta will draw on existing mission and centrally funded projects for assistance in health care financing, operational research, and health education.

CCCD will play a catalytic role in stimulating broad donor and governmental action to reduce sustainability constraints that lie outside its direct control. Substantial work is

needed to reduce costs and increase cost recovery in the hospital sector, to develop broad-based social financing schemes, to strengthen general health sector management, and to increase governmental capacity to generate resources and use them effectively. CCCD, the U.S. Ambassador, and other senior staff will promote awareness of the effect of these conditions on sustainability and will encourage and cooperate with appropriate development activities by other donors and AID projects.

Child Survival activities are more likely to continue if all donors and AID projects provide consistent technical direction, adopt standard personnel categories, and otherwise support each other's approaches. CCCD will cooperate with these efforts, even if this requires occasional compromises in professional preferences.

VI. MONITOR AND EVALUATE PROGRESS

Progress toward sustainability will be routinely assessed through:

- periodic discussions with the government
- annual reports to AID/Washington
- internal evaluations by national program coordinators and CCCD staff, and
- external evaluations.

The standard indicators listed in Appendix 1 will be used for reports to CDC/Atlanta by field staff and will be summarized in the annual CCCD report. In each case, achievement will be compared with locally determined targets.

Progress toward sustainability will be regularly assessed during internal and external evaluations. Evaluators will consider both the quantitative indicators and targets listed in Appendix 1 and the more qualitative factors described below. The achievement of "conditions precedent" and covenants will be assessed.

A. Evaluations of <u>technical effectiveness</u>, in addition to looking at standard performance indicators, will assess the program's ability to maintain and expand achievement levels after CCCD assistance ends. Qualitative indicators include ability to identify and respond to changing technical requirements, access to new ideas through professional bodies, literature and further technical assistance, and the quality and job stability of key staff. The degree to which donors and others have adopted consistent technical approaches will also be examined.

B. The degree of national leadership and commitment will be a major evaluation concern during the early project years when projects are not yet fully established. Particular attention will be given to the integration of CCCD personnel, activities, and information systems with those of other programs. Evaluators will also assess the adequacy of staff allocations and any legal or policy impediments to sustainability.

C. Evaluations of management systems and capacity will look particularly at qualitative aspects of decentralization and at the Ministry of Health's ability to identify and resolve problems as seen in information systems and operational research.

D. Financial evaluations will analyze project costs and the degree to which they have been and will be assumed by the government, the public, or other donors. The adequacy of costing systems and financial management procedures will be assessed, looking specifically at:

- the frequency of financial reporting and analysis
- the capacity of program personnel to understand and analyze financial information
- the characteristics of budgetary and expenditure control, and
- the degree of integration of CCCD activities into government budgets.

CCCD may also assist in health sector financial analyses conducted by other groups.

E. The sustainability of behavioral change will be assessed by examining a program's health education capacity, both built-in to the program's structure and accessible in the private sector. The ability of health educators to manage formative research, use mass media, train health workers in educational techniques, organize community action, and manage the development of materials will be considered along with the leadership's level of commitment to continue these activities and to reinforce key messages after project termination.

VII. ADAPT PROJECTS TO INCREASE SUSTAINABILITY

CCCD has learned through experience that some projects will not satisfy all of the sustainability requirements discussed above, though most have generally moved in the appropriate direction. Officials will consider a range of options when the project as a whole, or individual activities within it, are not proceeding as planned. Options include:

- extending CCCD assistance for brief periods when there is a clear plan for overcoming obstacles
- reducing CCCD's scope of work
- assisting MOH officials to find other donor funding to supplement or replace CCCD support
- placing the project on temporary probation with clear conditions precedent for further funding
- terminating CCCD assistance.

None of these is considered a desirable outcome, but choices may have to be made when sustainability of current activities appears unlikely.

A. Extend CCCD assistance: Development of local systems and institutional capacity may take longer than anticipated, due to unforeseen events or inadequate planning. Additional funding may be extended for one or two years to those activities which are clearly moving in the right direction but at a slower pace than intended.

B. Reduce Scope of Work: Most projects represent a mixture of strong and weak components, some likely to survive even without CCCD assistance, others clearly unsustainable regardless of the level of effort. Between these two extremes are activities which may not be sustained on their own but are likely to survive if given adequate CCCD support. Staff may choose to concentrate resources on these marginal activities and reduce or eliminate support for ones that will clearly survive without further help or will lapse even if extensive help is given. Such cuts, if they become necessary, will reflect sustainability criteria and will generally not extend to critical financing and management activities. Expansion of project activities to new geographic areas may also be delayed until the sustainability of existing activities has been ensured.

C. Arrange other donor funding, if unavoidable: Assumption of recurrent local currency costs by other donors is NOT a CCCD objective but may become necessary as a last resort if governmental or private sources prove inadequate. CCCD and USAID officials will provide assistance to arrange this if it becomes unavoidable.

D. Probation: Some governments lack firm commitment to CCCD goals and activities and are slow to overcome specific policy and managerial obstacles. Probation makes further CCCD support contingent on strengthened commitment, as shown by accomplishment of required policy and/or management decisions or by increased provision of local resources.

Probation plans, when necessary, will be developed collaboratively with implementing organizations and will specify the steps that must be taken to obtain CCCD funding beyond an identified cutoff date.

E. Termination: Projects which will clearly not be sustained may be terminated early at the discretion of USAID officials.

APPENDIX 1
SUSTAINABILITY INDICATORS

Effectiveness of Technical Interventions

Proportion of health workers who correctly assess dehydration status of diarrhea patients AND administer ORS at the correct frequency and quantity (TARGET: 75%)*

Proportion of health workers who correctly weigh, take temperature, and administer drugs to malaria patients (TARGET: 75%)

Proportion of health workers who administer all immunizations with sterile needles and syringes AND tell mothers attending immunization sessions when and where to take their children for the next required immunization (TARGET: 75%)

Proportion of health facilities given effective supervision (using a checklist) at least 4 times in the past year (TARGET: 90%)

National leadership and commitment

Proportion of recommended items in national immunization policy (4 items, identification of: target age groups; coverage objectives; disease reduction objectives; vaccine schedules) (TARGET: 100%)

Proportion of recommended items in national policy on control of diarrheal diseases (5 items: ORT coverage objectives; mortality reduction target; plans for local production and/or importation of ORS; nome treatment strategy; community ORT practice target)

Proportion of recommended items in national malaria control policy (4 items: mortality reduction targets for facilities; plans for local production and/or importation of chloroquine; home treatment strategy; commmunity practice targets)

Proportion of relevant technical and support interventions (CDD, EPI, malaria, health education, operational research, training) for which national coordinators have been identified (TARGET: 100%)

Management systems and capacity

Proportion of regions or zones which prepared annual workplans for each relevant intervention for the current year (TARGET: 50%)

Number of OR studies completed in the past 12 months (TARGET: 3)

Date on which annual HIS data were available for the most recent year (TARGET: March 31)

Proportion of units reporting HIS data within 4 weeks of the end of the most recent reporting period (TARGET: 90%)

Number of feedbacks to reporting units in past year (TARGET: 4)

Financial resources and systems

Proportion of local currency recurrent costs covered by government, community groups, users or other private sources (TARGET: scaled increase to 100% by PACD)

Proportion of required ORS that is locally produced

Proportion of required chloroquine that is locally produced

Behavior change and demand

Proportion of children with diarrhea episodes whose mothers correctly prepare and administer ORS at home (TARGET: 75%)

Proportion of children with malaria who are correctly treated at home (TARGET: 75%)

Macroeconomic indicators

Proportion of government budget allocated to Ministry of Health in the current year

Proportion of MOH budget allocated to preventive health in the current year

*Regional project targets to be modified for country-specific use.

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BIBLIOGRAPHY

Agency for International Development, "CCCD Sustainability Strategy," draft, 1987.

Agency for International Development, "Combatting Childhood Communicable Diseases, 1985 Annual Report".

Agency for International Development, "Combatting Childhood Communicable Diseases, 1986 Annual Report".

Agency for International Development, "An Evaluation of the Factors of Sustainability in the Lesotho Rural Health Development Project," A.I.D. Evaluation Special Study No. 52., January 1988.

Agency for International Development/CDIE, "Factors in the Sustainability of Social Services", 5-16-88.

Bossert, Thomas, et. al. "Evaluation of the Burundi Combatting Childhood Communicable Diseases Project," University Research Corporation, October 1987.

Bossert, Thomas, et. al. "Sustainability of U.S. Supported Health Programs in Honduras," University Research Corporation, 1986.

Brown, Vincent and Nancy Mock, Evaluation of the ACSI-CCCD Project, Republic of Guinea," University Research Corporation, May 14 - June 4, 1987.

Dunlop, David W. and Kodjo Evio, "A Comparative Analysis of CCCD Project Health Care Financing Activities," Resources for Child Health Project, March 1988.

Expert Group on Aid Evaluation, Development Assistance Committee, Organization for Economic Cooperation and Development, "Sustainability of Development Programs: A Compendium of Donor Experience", 1988.

Lamboray, Jean Louis, "Checklist on Sustainability," undated.

Makinen, Marty, "Issues in Financial Sustainability of CCCD", Resources for Child Health Project, March 1988.

Makinen, Marty, "Sustainability of Vaccination Programs," Abt Associates Inc., January 31, 1987.

Stevens, Carl M. "A.I.D. Health Projects: Comments on the Sustainability Issue," Resources for Child Health project, February 1987.